FAQ for Management Guidelines for individuals with *DDX41, GATA2, CEBPA, ETV6, RUNX1* and *ANKRD26* Germline Pathogenic/Likely Pathogenic Variants for Healthcare Professionals

**Surveillance options for ***DDX41***

**Clinical Genetic services**

- Some Clinical Genetic services offer follow up appointment / reviews to *DDX41* heterozygotes at the age of 50 years to update them on current management guidelines.

- Some Clinical Genetic services seek advice from their local Haematology team regarding management of confirmed *DDX41* heterozygotes who are 50 years and over.

- Some Clinical Genetic services refer confirmed *DDX41* heterozygotes who are 50 years and over to the GP for surveillance.

**Haematology services**

Some Haematology services offer the following surveillance options to *DDX41* heterozygotes over the age of 50 years:

- Full Blood Count (FBC) every 6-12 months (or more frequently as clinically indicated).
- Outpatient appointments every 6-12 months to discuss any symptoms and signs of MDS/AML (e.g., fatigue, infections, bleeding, and skin changes) alongside a clinical examination.

If abnormalities are found on surveillance, the patient should be under the care of a haematology team to decide on the appropriate follow up according to their clinical features from that point.

- Bone marrow biopsy and aspirate with cytogenetics would be offered on the basis of clinical findings, if indicated.
### Surveillance options for GATA2

#### Haematology services

Some Haematology services offer the following surveillance options to GATA2 heterozygotes:

- Full Blood Count (FBC) every 6-12 months (or more frequently as clinically indicated).
- Outpatient appointments every 6-12 months alongside a clinical examination with emphasis on the following:
  - Discuss about any symptoms and signs of MDS/AML (e.g., fatigue, infections, bleeding, and skin changes).
  - Examination of legs and external genitalia for signs of lymphoedema and for genital warts as there may be premalignant causing anogenital dysplasia.

If abnormalities are found on surveillance, the patient should be under the care of a haematology team to decide on the appropriate follow up according to their clinical features from that point.

- Bone marrow biopsy and aspirate with cytogenetics would be offered on the basis of clinical findings, if indicated.

#### Other management considerations

- Enquire about recurrent infections and offer a baseline blood test to assess for immunodeficiency.
- Consider pulmonary function tests for subclinical presentations of pulmonary disorders, predominantly pulmonary alveolar proteinosis (PAP), which can cause pulmonary hypertension.
- Audiology assessment if any concerns with hearing.
**Surveillance options for CEBPA**

**Haematology services**

Some Haematology services offer the following surveillance options to CEBPA heterozygotes:

- Full Blood Count (FBC) every 6-12 months (or more frequently as clinically indicated).
- Outpatient appointments every 6-12 months to discuss any symptoms and signs of MDS/AML (e.g., fatigue, infections, bleeding, and skin changes) alongside a clinical examination.

If abnormalities are found on surveillance, the patient should be under the care of a haematology team to decide on the appropriate follow up according to their clinical features from that point:

- Bone marrow biopsy and aspirate with cytogenetics would be offered on the basis of clinical findings, if indicated.

**Surveillance options for ETV6, RUNX1 and ANKRD26**

**Haematology services**

All patients with platelet disorders due to variants in ETV6, RUNX1 and ANKRD26 should be registered with a UK Haemophilia centre for management of their platelet disorder. Some centres will offer the following surveillance for haematological malignancy:

- Full Blood Count (FBC) every 6-12 months (or more frequently as clinically indicated) for monitoring of all blood cell counts.
- Outpatient appointments or specialist nurse-led telephone reviews every 6-12 months to discuss any symptoms of bleeding or MDS/AML (e.g., fatigue, infections, bleeding, and skin changes).

If abnormalities other than stable thrombocytopenia are found on surveillance, the patient and their haematology team should decide on the appropriate follow up according to their clinical features from that point:

- Bone marrow biopsy and aspirate with cytogenetics would be offered on the basis of clinical findings, if indicated.